

Exhibit 2

INCIDENT REPORT				INCIDENT NUMBER 016281303509		REPORT TYPE: <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> SUPPLEMENTAL	
<small>AUTHORITY: 5 USC 301; 10 USC 5031; 44 USC 3103 and EO 9397 PRIVACY ACT STATEMENT</small> <small>PRINCIPAL PURPOSE: Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, security office, NCIS special agents, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken.</small> <small>ROUTINE USES: Information may be disclosed to local, county, state and federal law enforcement or investigatory authorities for investigation and possible criminal prosecution or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.</small> <small>DISCLOSURE IS VOLUNTARY: SSN is used to positively identify the individual making the statement and as a conduit to check past criminal activity records.</small>							
SECTION I: ADMINISTRATIVE							
DATE REC'D (YYYYMMDD) 2001/10/24		TIME REC'D (24 Hour) 1200		INCIDENT RECEIVED: <input checked="" type="checkbox"/> In Person <input type="checkbox"/> By Telephone <input type="checkbox"/> By Radio <input type="checkbox"/> By Alarm <input type="checkbox"/> By Crime Stop Call/911 <input type="checkbox"/> Other: _____			
SECTION II: COMPLAINANT							
LAST NAME (Include Jr., Sr., II, III, etc.) HALLBERG		FIRST COLIN		MIDDLE A.		SSN/ALIEN REG.# GRADE/RANK GS-06	
BRANCH OF SERVICE: <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER: _____				STATUS: <input type="checkbox"/> REG. (ACTIVE) <input type="checkbox"/> RESERVE <input type="checkbox"/> RETIRED <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> FAMILY MEMBER <input checked="" type="checkbox"/> CIVILIAN EMPLOYEE <input type="checkbox"/> CIVILIAN (NO GOV. AFF.)			
DUTY STATION/EMPLOYER (INCLUDE DEPARTMENT/COMMAND/DIVISION/UNIT, etc.) NAVSTAPH SECDET						UIC/RUC 62813	
ADDRESS						CITY STATE HI	
ZIP CODE							
SECTION III: OFFENSE							
DATE(S) OF INCIDENT: (YYYYMMDD) From: 2001/10/10 To: _____		TIME(S) OF INCIDENT: (24 Hour) From: 1645 To: _____		OFFENSE STATUS: (Check Only One Per Offense) 1. <input type="checkbox"/> ATTEMPTED 2. <input type="checkbox"/> ATTEMPTED 3. <input type="checkbox"/> ATTEMPTED <input checked="" type="checkbox"/> COMPLETED <input type="checkbox"/> COMPLETED <input type="checkbox"/> COMPLETED			
OFFENSE DATA							
1. F		13C-communicating a threat		Federal Fire station #111, Bldg 441 Kolehale rd. Waianae HI 96792		YES	
2.							
3.							
WEATHER CONDITIONS: (Max 3)		<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Foggy <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____		LIGHTING: <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark (Lighted) <input type="checkbox"/> Dusk <input type="checkbox"/> Dark (Not Lighted) <input type="checkbox"/> Dawn <input type="checkbox"/> Unknown			
OFFENDER USED		TYPE WEAPON/FORCE USED (Max 3) (Enter in box an "A" if fully automatic weapon; "M" if manual; "S" if semi-automatic)					
<input type="checkbox"/> Alcohol		<input type="checkbox"/> Firearm (Not Listed)		<input type="checkbox"/> Knife/Cutting Tool		<input type="checkbox"/> Poison	
<input type="checkbox"/> Drugs/Narcotics		<input type="checkbox"/> Handgun		<input type="checkbox"/> Blunt Object		<input type="checkbox"/> Explosives	
<input type="checkbox"/> Computer Equipment		<input type="checkbox"/> Rifle		<input type="checkbox"/> Motor Vehicle		<input type="checkbox"/> Fire/Incendiary	
<input checked="" type="checkbox"/> Not applicable		<input type="checkbox"/> Shotgun		<input type="checkbox"/> Bodily Force (Hands/Feet)		<input type="checkbox"/> Narcotic/Drug	
<input type="checkbox"/> Asphyxiation		<input type="checkbox"/> Unknown					
<input type="checkbox"/> None		<input type="checkbox"/> Other (Specify) _____					
LOCATION OF OFFENSE (Enter 1, 2, or 3 if multiple incidents occurred at different locations)							
<input type="checkbox"/> Exchange/Dept/Discount Store		<input type="checkbox"/> Air/Bus/Train Terminal		<input type="checkbox"/> Rental/Storage Facility		<input type="checkbox"/> Dining Facility/Restaurant	
<input type="checkbox"/> School (Elem, High)/College		<input type="checkbox"/> Training/Service School		<input type="checkbox"/> Lake/Waterway/Ocean		<input type="checkbox"/> Bank/Credit Union	
<input type="checkbox"/> NCO Club/Officer Club/Bar		<input type="checkbox"/> Training Area/Field/Woods		<input type="checkbox"/> Construction Site		<input type="checkbox"/> Service/Gas Station	
<input checked="" type="checkbox"/> Government/Public Building		<input type="checkbox"/> Highway/Road/Alley/Sidewalk		<input type="checkbox"/> Hospital/Clinic		<input type="checkbox"/> On Board Ship	
<input type="checkbox"/> BOQ/CBO/Lodge/Hotel		<input type="checkbox"/> Commissary/Grocery Store		<input type="checkbox"/> Child Care Facility		<input type="checkbox"/> On Board Aircraft	
<input type="checkbox"/> Package/Liquor Store		<input type="checkbox"/> Chapel/Church/Synagogue		<input type="checkbox"/> Specialty Store/Concessionaire		<input type="checkbox"/> Other (Specify) _____	
<input type="checkbox"/> Shopette/Convenience Store		<input type="checkbox"/> Commercial/Office Building		<input type="checkbox"/> Quarters/Barracks/Residence/Berthing		<input type="checkbox"/> Unknown	
<input type="checkbox"/> Corrections Facility/Jail/Prison		<input type="checkbox"/> Recreation Area/Park		<input type="checkbox"/> Motor Pool/Parking Lot/Garage			
TYPE OF CRIMINAL ACTIVITY (If larceny, forgery, pornography, gambling, drugs or weapons violation) (Max 3)							
<input type="checkbox"/> Buying/Receiving		<input type="checkbox"/> Operating/Promoting/Assisting		<input type="checkbox"/> Destruction/Vandalism			
<input type="checkbox"/> Cultivating/Manufacturing/Publishing		<input type="checkbox"/> Possessing/Concealing		<input type="checkbox"/> Harassment/Stalking			
<input type="checkbox"/> Distributing/Selling		<input type="checkbox"/> Transporting/Transmitting/Importing		<input type="checkbox"/> Other (specify) _____			
<input type="checkbox"/> Exploiting Children		<input type="checkbox"/> Using/Consuming					

INCIDENT NUMBER 016281303509

SECTION I: OFFENSE				BURGLARY/B & E ONLY: <input type="checkbox"/> Force <input type="checkbox"/> No Force <input type="checkbox"/> # of Premises Entered			
VEHICLE DESCRIPTION				METHOD OF ENTRY (Max 3)			
VEHICLE STATUS		YEAR	MAKE	MODEL		CONDITION OF PREMISE (Max 1)	
<input type="checkbox"/> Suspect <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Target						<input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied <input type="checkbox"/> Vacant (Temp. Unocc.) <input type="checkbox"/> Vacant	
VEHICLE TYPE		<input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Sedan (2DR) <input type="checkbox"/> RV/Camper <input type="checkbox"/> Boat <input type="checkbox"/> Sedan (4DR) <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Other:		<input type="checkbox"/> Door Knob Twist <input type="checkbox"/> Door Kicked In <input type="checkbox"/> Door Open/Unlocked <input type="checkbox"/> Door Pried <input type="checkbox"/> Door Other <input type="checkbox"/> Delivery <input type="checkbox"/> Garage <input type="checkbox"/> Bodily Force <input type="checkbox"/> Sliding Door <input type="checkbox"/> Door Type Other <input type="checkbox"/> Lock Cut/Removed <input type="checkbox"/> Lock Forced/Broken <input type="checkbox"/> Lock Forced (Hasp) <input type="checkbox"/> Lock Pried <input type="checkbox"/> Lock Other		<input type="checkbox"/> Remain On Premise <input type="checkbox"/> Tunneled <input type="checkbox"/> Screen Cut <input type="checkbox"/> Screen Pried <input type="checkbox"/> Screen Removed <input type="checkbox"/> Screen Other <input type="checkbox"/> Window Broken <input type="checkbox"/> Window Cut <input type="checkbox"/> Window Open/Unlock <input type="checkbox"/> Window Pried Open <input type="checkbox"/> Window Removed <input type="checkbox"/> Window Other <input type="checkbox"/> Cut Hole in Wall <input type="checkbox"/> Unknown <input type="checkbox"/> Other:	
COLOR	LICENSE PLATE #	STATE		TOOLS USED (Max 3)			
VIN	OWNER NAME		OTHER IDENTIFYING MARKS		<input type="checkbox"/> Bar/Pipe <input type="checkbox"/> Pry Tool <input type="checkbox"/> Bodily Force <input type="checkbox"/> Saw/Drill <input type="checkbox"/> Bolt Cutters <input type="checkbox"/> Wire <input type="checkbox"/> Chopping Tool <input type="checkbox"/> Screwdriver <input type="checkbox"/> Explosive <input type="checkbox"/> Missile <input type="checkbox"/> Gripping Tool <input type="checkbox"/> Unknown <input type="checkbox"/> Hammer <input type="checkbox"/> Other:		
BIAS MOTIVATION (All Hate/Bias Motivated Offenses Must be Reported to NCIS)							
<input checked="" type="checkbox"/> None <input type="checkbox"/> Anti-White <input type="checkbox"/> Anti-Black <input type="checkbox"/> Anti-Arab <input type="checkbox"/> Anti-Hispanic <input type="checkbox"/> Anti-American Indian		<input type="checkbox"/> Anti-Alaskan Native <input type="checkbox"/> Anti-Asian <input type="checkbox"/> Anti-Pacific Islander <input type="checkbox"/> Anti-Other Ethnicity/Origin <input type="checkbox"/> Anti-Multi-Racial Group <input type="checkbox"/> Anti-Jewish		<input type="checkbox"/> Anti-Catholic <input type="checkbox"/> Anti-Islamic (Moslem) <input type="checkbox"/> Anti-Protestant <input type="checkbox"/> Anti-Multi-Religious Group <input type="checkbox"/> Anti-Other Religion <input type="checkbox"/> Anti-Atheism		<input type="checkbox"/> Anti-Agnostic <input type="checkbox"/> Anti-Homosexual <input type="checkbox"/> Anti-Male Homosexual <input type="checkbox"/> Anti-Female Homosexual <input type="checkbox"/> Anti-Heterosexual <input type="checkbox"/> Anti-Bisexual	
SECTION II: VICTIM							
LAST NAME (Include Jr., Sr., III, etc.)				FIRST		MIDDLE	
KAOPUA				MILTON		K.	
BRANCH OF SERVICE:				STATUS:			
<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER:				<input type="checkbox"/> REG. (ACTIVE) <input type="checkbox"/> RESERVE <input type="checkbox"/> RETIRED <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> FAMILY MEMBER <input checked="" type="checkbox"/> CIVILIAN EMPLOYEE <input type="checkbox"/> CIVILIAN (NO GOV. AFF.)			
DUTY STATION/EMPLOYER (INCLUDE DEPARTMENT/COMMAND/DIVISION/UNIT, etc.)				UIC/RUC		WORK TELEPHONE	
Federal Fire Department				62813		668-3420	
ADDRESS				CITY		STATE	
84-710 Kili dr. #1313				Waianae		Hi	
ZIP CODE				96792			
DATE OF BIRTH		SEX		RACE		ETHNICITY	
1947/04/24		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian		<input checked="" type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	
POB		Hawaii		RESIDENT STATUS		<input checked="" type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Unknown	

OPNAV 5527/1 JUN98

PREVIOUS EDITION IS OBSOLETE.

OFFICIAL USE ONLY (When filled in)

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SN: 0107-LF-114-9600

ENCLOSURE (6-2)

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SECTION VII SUSPECT ARRESTED/NOT											
<input type="checkbox"/> TO BE ARRESTED <input type="checkbox"/> SUMMONED <input type="checkbox"/> RELEASED <input type="checkbox"/> OTHER		<input type="checkbox"/> MULTIPLE ARRESTS <input type="checkbox"/> MENTAL <input type="checkbox"/> PHYSICAL <input type="checkbox"/> OTHER									
<input type="checkbox"/> DISPOSED <input type="checkbox"/> JUVENILE <input type="checkbox"/> OTHER		<input type="checkbox"/> DISPOSED <input type="checkbox"/> JUVENILE <input type="checkbox"/> OTHER									
SECTION VIII ADDITIONAL POLICE OFFICERS											
1. LAST FIRST MI		2. LAST FIRST MI									
GRADE/RANK	DUTY STATION/EMPLOYER	GRADE/RANK	DUTY STATION/EMPLOYER								
BADGE #		BADGE #									
SECTION IX NARRATIVE											
<p>SYNOPSIS: On 10-10-01 at 1645 Federal Fire Capt ABAD Robert threatened to shoot Federal Fire Capt. KAOPUA Milton over a property dispute.</p> <p>ASSIGNMENT/ARRIVAL: On 10-10-01 at 1640 I was dispatched to the Federal Fire station #111, Lualualei, to investigate a damage to personal property complaint. I arrived at 1643 and assumed the case.</p> <p>STATEMENT OF CAPT. ABAD Robert: On my arrival Capt. ABAD said he wanted to file a breaking and entering complaint. He said he had placed a padlock and hasp on his personal ice machine located in the Fire Dept. and someone had cut the lock and bent the hasp. Investigation found that the ice machine was not personal property but was still Government property that had been given to the Fire Dept. to use and was to be used by all authorized government employees and therefore should not have been locked in the first place. Capt. ABAD then accused Fire Capt. KAOPUA Milton of cutting the lock. When asked if he had seen Capt KAOPUA cut the lock he said no but he was sure it was him. I told him I could take a complaint of the cutting of the lock as that was his personal property. Capt. ABAD then told me he was tired of Capt. KAOPUA that KAOPUA thinks he owns this place. Capt. ABAD then said "I guess I'll just have to shoot him" I told him that was not a smart thing to say to a</p>											
ENCLOSURES											
<table border="1"> <tr> <td>ENCLOSURE</td> <td>DESCRIPTION</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>				ENCLOSURE	DESCRIPTION						
ENCLOSURE	DESCRIPTION										
SECTION X REPORTING APPROVING OFFICIALS											
REPORTING OFFICIAL (NAME, RANK, TITLE & SIGNATURE)		APPROVING OFFICIAL (NAME, RANK, TITLE & SIGNATURE)									
DATE		DATE									
GS06 COLIN A HALLBERG, POLICE OFFICER 2001/10/24		GS-09 ROBERT J OKUMURA, WATCH COMMANDER 2001/10/24									
SECTION XI ADMINISTRATIVE SECTION											
WITNESS SIGNATURES		WITNESS SIGNATURES									
<input type="checkbox"/> WITNESS <input type="checkbox"/> WITNESS <input type="checkbox"/> WITNESS		<input type="checkbox"/> WITNESS <input type="checkbox"/> WITNESS <input type="checkbox"/> WITNESS									
<input type="checkbox"/> REFERRED TO ASSUMED BY <input type="checkbox"/> INVESTIGATIONS <input type="checkbox"/> LOCAL POLICE <input type="checkbox"/> OTHER		<input type="checkbox"/> DISTRIBUTION <input type="checkbox"/> COMMANDING OFFICER <input type="checkbox"/> LEGAL COUNSEL <input type="checkbox"/> PUBLIC AFFAIRS <input type="checkbox"/> OTHER									

INCIDENT REPORT ADDENDUM
NARRATIVE SECTION

INCIDENT NUMBER

016281303509

REPORT TYPE:



INITIAL

☐ SUPPLEMENTAL

police officer. Capt. ABAD then said. "That's what it is coming to". I said that I would have to make a note of this conversation. At approximately 1830 Capt. ABAD called security to cancel his complaint.

OFFICER ACTIONS:

Due to scheduling I was not able to contact Capt. KAOPUA until 10-13-01. I advised Capt. KAOPUA of the conversation I had with Capt. ABAD. Capt. KAOPUA said he was going to contact District Chief DELORA and discuss the situation with him. Capt. KAOPUA contacted Dist. Chief DELORA on 10-17-01 and told him what had been said and if he needed further information to contact Lualualei Security. On 10-24-01 I was contacted by Capt. KAOPUA, he said he had not received any further contact from Chief DELORA and now wanted to file a formal complaint. On 10-24-01 at 1545 I contacted Agent SPENCER, NCIS, and relayed the above events. Agent SPENCER advised that NCIS would assume the case.

NOTIFICATION:

CDO TMC MENCAS via UT1 LEIDNER at 1225.
MAJOR ROBERTS notified 1215

DISPOSITION:

Accepted by NCIS.

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